

terapêuticas iniciais prescritas e que os esquemas mais usados compreendiam o de três fármacos, correspondente a 86% (n=86/100). **CONCLUSÕES:** Os resultados apontaram uma adesão considerável, mas ainda há oportunidades de melhorias ao Protocolo Federal, com pacientes iniciando seus tratamentos com esquemas antirretrovirais diferentes do preconizado pelas Diretrizes do Ministério da Saúde brasileiro. No entanto, podem-se considerar algumas especificidades para estas escolhas e que podem requerer estudos mais aprofundados nesse cenário, com uma abordagem mais específica para uma melhor compreensão de suas causalidades.

PIN29

THE ASSOCIATION BETWEEN TOLERABILITY ISSUES AND HEALTH OUTCOMES AMONG PATIENTS WITH HCV IN BRAZIL

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OBJECTIVES: The hepatitis C virus (HCV) is one of the most common blood-borne viral illnesses in Brazil and associated with various sequelae including cirrhosis and hepatocellular carcinoma. Treatment can be effective but also carries the risk of tolerability issues. The current study assessed the prevalence of tolerability issues among HCV patients and their association with health outcomes. **METHODS:** Data were derived from the 2011/2012 Brazil National Health and Wellness Survey (N=24,000), an Internet-based health survey administered to a representative sample of the Brazilian adult population. HCV patients with treatment experience were categorized based on the presence or absence of tolerability issues. Patients with a diagnosis of anemia, a diagnosis of depression, or a positive screen for depression based on the Patient Health Questionnaire-9 (i.e., score of 5+) were considered to have tolerability issues. Patients with and without tolerability issues were compared with respect to health outcomes (SF-36v2, Work Productivity and Activity Impairment questionnaire, and healthcare resource use) using regression modeling. **RESULTS:** N=197 patients reported a diagnosis of HCV. Of these, N=117 (53.9%) were currently using treatment (77.8% using either ribavirin and/or interferon-alfa) or had been treated in the past. 57.3% of patients (N=67) experienced a tolerability issue. These patients had been diagnosed more recently compared with patients without a tolerability issue (13.4% vs. 6.0%, respectively, were diagnosed <5 years ago; p<.05). No other demographic and healthy history differences were observed. The presence of tolerability issues was associated with worse health utilities (0.63 vs. 0.75), a greater level of overall work impairment (48.3% vs. 9.67% work time missed or impaired), and more hospitalizations in the past 6 months (0.81 vs. 0.13) (all p<.05). **CONCLUSIONS:** Anemia and depression are common tolerability issues among those with HCV in Brazil and are associated with significantly worse health outcomes. More tolerable treatments could have significant patient and societal benefits.

PIN30

QUALITY OF LIFE OF HIV-INFECTED PATIENTS ATTENDING TO A UNIVERSITY INFECTIOUS DISEASES CLINIC IN VENEZUELA

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OBJECTIVES: The aim of this study was to describe health-related quality of life (HRQoL) of HIV-infected patients attending to a university infectious diseases clinic in Venezuela. **METHODS:** A sample of 82 HIV-infected HIV patients attending an infectious diseases clinic at the Central University of Venezuela was interviewed by the investigator for 20 to 25 minutes. The interview was guided by a structured questionnaire that included questions on sociodemographic and clinical characteristics, HRQoL, medication use, symptoms, and health behaviors. HRQoL was assessed using Spanish versions of EQ-5D descriptive system and EQ visual analogue scale (EQ-VAS). HIV-symptoms were assessed using the Adult AIDS Clinical Trials Group (AACTG) symptom scale. Data concerning CD4-cell count and viral load was extracted from the medical records. All data analyses were performed using SPSS for Windows Version 19.0. **RESULTS:** Of 82 participants, 50 (61%) were male and 32 (49%) were female. The mean age was 43.33 years (Range 18-73, SD= 10.378). Concerning the EQ-5D, none subject reported problems with self-care. Three subjects (3.7%) reported some problems with mobility. Six subjects (7.3%) reported some problems with usual activity. Twenty nine subjects (35.4%) reported some problems with pain/discomfort and 28 subjects (34.1%) with anxiety/depression. Mean rate of own health on EQ-VAS was 84.77 (SD 15.927). The mean reported symptoms was 38.84 (SD = 13.08; range 21-80). The mean CD4-cell count was 534.42 (SD = 264.02; range 75-1237). Fifty-two subjects (71.2%) had an undetectable viral load. Subjects were taking an average of 3.97 antiretroviral doses per day (SD = 1.81; range = 1-8). **CONCLUSIONS:** Study limitations include the sample size and the use of a convenient sample. Overall, this exploratory study demonstrates that quality of life among this group of HIV-infected patients in Venezuela was good.

PIN31

PRELIMINARY OUTCOMES OF HEALTH-RELATED QUALITY OF LIFE IN HIV-INFECTED NAÏVE PATIENTS

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OBJECTIVES: assessment of health-related quality of life in a cohort of HIV-infected patients. **METHODS:** patients with diagnosis of HIV infection initiating antiretroviral therapy, receiving health education from a Pharmacist and a Doctor, belonging to the Health promoting entity "SURA", in the department of Antioquia (n=70). Evaluation period: Between August 2014 and February 2015. Measurements: Baseline (diagnosis), second measurement (one month after), third measurement (three months after). Questionnaire used: The World Health Organization Quality of Life (WHOQOL)-BREF was used after previous approval of the World Health Organization and SURA's Scientific Direction. The Statistical software "Rstudio Version 0.98.1103-©2009-2014 RStudio, Inc." was used for that purpose. **RESULTS:** average age: 31 years [25-38], 92% men, 58% with higher education, 76% singles, 78% homosexuals,

74% employed. In general, the HRQOL behavior was: Baseline: 75 [63-90], 1st: 82 [70-88], 2nd: 83 [70-95]. When stratifying in terms of dimensions: Psychological: Baseline: 78 [63-85], 1st: 81 [70-86], 2nd: 81 [78-96]. Environmental: Baseline: 76 [64-82], 1st: 82 [68-88], 2nd: 82 [76-95]. Physical health: Baseline: 81 [62-86], 1st: 81 [70-81], 2nd: 81 [70-86]. Relationships: Baseline: 69 [57-80], 1st: 72 [57-80], 2nd: 76 [57-100]. **CONCLUSIONS:** the most affected dimension measured by the WHOQOL at the beginning of antiretroviral therapy was "Relationships". The Environmental and Psychological dimensions experienced greater improvement according to time.

INFECTION – Health Care Use & Policy Studies

PIN32

BENEFÍCIOS MATERIAIS COMO INCENTIVO PARA REDUÇÃO DE ABANDONO DE TRATAMENTO DE TUBERCULOSE EM PESSOAS VIVENDO EM SITUAÇÃO DE RUA: REVISÃO DE ANÁLISES ECONÔMICAS

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OBJETIVOS: Identificar opções de intervenções custo efetivas para incentivar redução de abandono da população em situação de rua a tratamentos de tuberculose pulmonar. No Brasil foram notificados 73 833 casos novos na população geral em 2011. Estudos realizados em capitais relataram incidência de TB na população em situação de rua entre 1.576 e 2.750/100mil hab. Uma das populações prioritárias é aquela vivendo em situação de rua, devido a maior vulnerabilidade e risco e pelo alto percentual de abandono. **MÉTODOS:** busca estruturada nas bases de dados, PubMed, BVS, CRD, Scopus, Science Direct e Web of Science. Foram considerados três critérios de inclusão: avaliação econômica, intervenções para tuberculose e população em situação de rua. **RESULTADOS:** sete estudos de 93 atenderam os critérios de inclusão. Desses, apenas dois abordaram formas de apoio para aumento da adesão ao tratamento pelos pacientes. TULSKY et al (2003) utilizaram dois tipos de incentivos para tratamento diretamente observado (TDO), um em dinheiro e outro em oferta de alimentação ou vale transporte. Ambos foram considerados viáveis economicamente para o aumento da adesão ao tratamento na PSR, com taxa de adesão de 86%. PHILIP et al (1999) analisaram o programa de alojamentos com alimentação e cuidados higiênicos e TDO. O custo diário de permanência no programa foi onze vezes mais barata que o custo diário de uma internação hospitalar, o que geraria uma economia de mais de US\$ 27 mil por paciente em 20 meses. **CONCLUSÕES:** Os dois estudos encontrados permitiram identificar duas opções de intervenções cost saving envolvendo oferta de benefícios materiais no contexto do País que desenvolveu a estratégia. As análises detalhadas dessas opções servirão para compor uma síntese de evidências para políticas de saúde, destinadas a identificar opções viáveis para redução de abandono a tratamentos em populações altamente vulneráveis como aquelas vivendo em situação de rua.

PIN33

COSTOS DE MEDICAMENTOS EN EL MARCO DE UN PROGRAMA PRESUPUESTAL PARA EL VIH/SIDA EN PERÚ, 2012-2014

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OBJECTIVOS: Estimar el costo de medicamentos para la intervención de atención integral de personas diagnosticadas con VIH/SIDA, para reducir la morbilidad por VIH/SIDA en el Perú, 2011-2014. **METODOLOGÍAS:** Se desarrolló bajo la metodología de uso de recursos médicos, en relación a medicamentos. Se tomó en consideración la asignación presupuestal en la intervención de atención integral de personas diagnosticadas con VIH/SIDA, en el marco del programa presupuestal. Se contrastó el uso de recursos médicos en medicamentos versus la cantidad de medicamentos antiretrovirales distribuidos a nivel nacional (Efavirenz 600mg, tableta) tomados del reporte de la Dirección de Abastecimientos de Recursos Estratégicos (DARES) del MINSA y los casos notificados de SIDA por año a nivel nacional tomados de la Dirección General de Epidemiología (DGE) del MINSA, 2012-2014. **RESULTADOS:** El uso de recursos médicos en medicamentos se incrementó en el periodo 2012-2014 en 52% de \$9.7 millones a \$14.5 millones. Para el mismo periodo, la cantidad de antiretrovirales distribuidos (Efavirenz 600mg, tableta) se incrementó en 85% de 407,780 tabletas a 752,565 tabletas y los casos notificados de SIDA disminuyeron 13% de 1109 casos a 968 casos. **CONCLUSIONES:** La asignación presupuestal en medicamentos se ha incrementado, la cantidad de antiretroviral distribuido también se ha incrementado y los casos de SIDA han disminuido en el periodo 2012-2014.

PIN34

FINANCIAL IMPACT OF NOT PRESCRIBING "BY THE BOOK": ART AND SUSTAINABILITY OF SEGURO POPULAR

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OBJECTIVES: Estimate the financial impact of current prescription practices for first time enrollees (FTE) financed by SP and calculate potential savings if physicians were adhered to the official guidelines. **METHODS:** Data for FTE about prescriptions, CD4, Viral Load and public purchase ART prices were obtained from CENSIDA for period January 2012 to Jun 2014. Information was analyzed to identify ART prescriptions according to official guidelines. Average annual cost (AAC) of ART per enrollee was estimated under two scenarios of prescription: a) observed in practice; b) according to official guidelines. With the AAC of ART we estimated the potential savings that would be generated for SP. **RESULTS:** Around 60% of ART observed prescriptions for FTE adhered to official guidelines. AAC of current prescription for 9,500 FTE amounts to US\$34.1 million equivalent to 23% of financial resources available for high cost treatments in SP. If physicians would had adhered to the official guidelines savings for US\$5.4 million that represents 16% of the total annual spending in FTE would had been generated in the period analyzed. On average FTE who initiate ART are maintained for 3.5 years with the initial scheme, thus savings that could